

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042144

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 106 Primary Registration District No. 5420 Registrar's No. 7

VS 300  
Rev. 4/59

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DATE AMENDED

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DOCUMENT

1. <b>FILED NOV 26 1962</b> COUNTY <b>Dunklin</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Holcomb</b>		c. CITY OR TOWN <b>Holcomb</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		d. STREET ADDRESS <b>RFD #1</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. <b>NAME OF DECEASED</b> (Type or print) First <b>BENJAMIN</b> Middle <b>EDWARD</b> Last <b>ADAMS</b>		4. <b>DATE OF DEATH</b> Month <b>Nov.</b> Day <b>17</b> Year <b>1962</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. <b>DATE OF BIRTH</b> 6-14-1897 9. <b>AGE</b> (last birthday) <b>65</b>
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b>	
11a. <b>FATHER'S NAME</b> <b>Samuel Adams</b>		11b. <b>MOTHER'S MAIDEN NAME</b> <b>Ellen Loyd Adams</b>	
12a. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>WWI</b>		12b. <b>INFORMANT</b> Address <b>Anna Adams Holcomb, Mo. RFD #1</b>	
13. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).) PART I. <b>DEATH WAS CAUSED BY:</b> IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Coronary Arteriosclerosis</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH: <b>10 minutes</b> <b>5 years</b> <b>Unknown</b>	
PART II. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <b>Previous Cerebral thrombosis 1959.</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
20c. <b>TIME OF INJURY</b> Hour <b>8:45</b> a.m. <b>p.m.</b> Month, Day, Year <b>9/12/1962</b>	20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		
20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>9/12/1962</b>		20f. <b>CITY, TOWN, OR LOCATION</b> <b>Holcomb, Missouri</b>	
21. I attended the deceased from <b>9/12/1962</b> to <b>Nov 17-1962</b> and last saw him/her alive on <b>10/2/1962</b> Death occurred at <b>8:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22. <b>SIGNATURE</b> <b>Charles R. Cook M.D.</b> (Degree or title) <b>Kenneth Mo</b> 22c. <b>DATE SIGNED</b> <b>11/20/1962</b>	
23a. <b>BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	23b. <b>DATE</b> <b>Nov. 19, 1962</b>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <b>Loyd Cemetery</b>	23d. <b>LOCATION (City, town, or county)</b> <b>Holcomb, Missouri</b>
24. <b>FUNERAL DIRECTOR</b> <b>Landess Funeral Home, Campbell, Mo.</b> ADDRESS <b>11-21-1962</b>		25. <b>DATE RECD. BY LOCAL REG.</b> <b>11-21-1962</b> 26. <b>REGISTRAR'S SIGNATURE</b> <b>J. Anderson</b>	

NOV 30 1962

DEC 7 1962

NOV 28 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Christine L. Beall

Licensed Embalmer No. 4227

P. O. Address Campbell, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.